


Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 20px;">U.S. Environmental Protection Agency Region II</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">CS36000119</div> <div style="text-align: right;">✓</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION</div> ✓ Street1: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">625 BROADWAY</div> ✓ Street2: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div> City: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">ALBANY</div> County: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div> State: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">NY: New York</div> Province: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div> Country: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">12233-5022</div>			
4a. DUNS Number <div style="border: 1px solid black; padding: 2px; min-height: 20px;">806780912</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">146013200</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">GMS INUM: 1960</div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final ✓	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">10/01/2018</div> To: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">09/30/2025</div> ✓	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; min-height: 20px;">09/30/2020</div> ✓
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized 83%			175,375,000.00 ✓
e. Federal share of expenditures			175,375,000.00 ✓
f. Federal share of unliquidated obligations			0.00 ✓
g. Total Federal share (sum of lines e and f)			175,375,000.00 ✓
h. Unobligated balance of Federal Funds (line d minus g)			0.00 ✓
Recipient Share:			
i. Total recipient share required 27%			35,075,000.00 ✓
j. Recipient share of expenditures			35,075,000.00 ✓
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m or line n)			0.00

FINANCIALLY CLOSED – Processed at RTPFC

 DEOBLIGATED: \$ 0.00
 BY: RP ON 8/17/2020
 PO: Jane Leu

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div> </div> </div>						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official						
Prefix: First Name: Nancy Middle Name: 						
Last Name: Lussier Suffix: 						
Title: Director of Management and Budget Services						
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
<div style="border: 1px solid black; padding: 5px;"> DocuSigned by: FB29EA3D770A43B... </div>				518-402-9376		
d. Email Address				e. Date Report Submitted		14. Agency use only:
michael.giovannone@dec.ny.gov				8/12/2020 ✓		